FEC FORM 1

## STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

FORM 1		ONGANIZATION			FEC MAIL CENTER			
1. NAME OF COMMITTEE (in	full)	(Check if natised)		mple:If typing, type r the lines.	12FE4M	•	100	
Franklin's I	_ist		<del>1 1 1 1 1</del>			1111		
ADDRESS (number a	nd street)	PO Box 78	3101			1111	<u> </u>	
(Check if at is changed)	·	Washingto	<u>, , , , , , , , , , , , , , , , , , , </u>		DC	20013		
			CITY		STATE	ZI	PCODE	
COMMITTEE'S E-MA  (Check if is change	address	s (Please provide only Ifranklinslis		•				
COMMITTEE'S WEB	PAGE ADD						•	
(Check if is change		ifranklins-li	st,com					
2. DATE	শ্ৰে / চে	, , , , , , , , , , , , , , , , , , ,						
3. FEC IDENTIFIC	CATION NU	MBER	С					
4. IS THIS STATE	MENT 🗵	NEW (N)	OR	AMENDED (A)				
I certify that I have a		Shane Tr	•	knowledge and belief it	is true, corre	ect and comple	ete.	
Signature of Treasure	er	8			Date Ö	6 25	′ <b>20</b> ′13	
NOTE: Submission of				oject the person signing to		_	s of 2 U.S.C. §437g.	
Office Use Only				For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 02/2009)	

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TYPE OF COMMITTEE									
	ididate	didate Committee:							
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)	<u>.</u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name of Candidate								
	didate / Affiliatio	Office State  Sought: House Senate President  District							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Nam Can	e of Jidate								
Par	ty Con	imittee:							
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.							
Poli	tical A	ction Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a							
		Corporation Corporation w/o Capital Stock Labor Organization							
		Membership Organization Trade Association Cooperative							
		In addition, this committee is a Lobbyist/Registrant PAC.							
(f)	$\bowtie$								
		In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint Fundraising Representative:									
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
Committees Participating in Joint Fundreiser									
	1.								
	2.	FEC ID number C							
	3.	FEC ID number C							
	4								

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v	Vrite or Type Com				<del></del>		<del></del>			
F	ranklin's	List				•				
6.	Name of Any C	onnected O	rganization, Aff	iliated Commit	tee, Joint F	undraising Re	epresentati	ve, or Lea	idership PA	AC Sponsor
ı	11111	1111	11111					· 		
 			<del></del>			<del>                                     </del>		<del></del>		
<u></u>		<del></del>	<del>1                                      </del>		<del></del>	<del>                                     </del>	_ <del></del>		_ <del></del>	<del>                                     </del>
	Mailing Address					<del></del>	1 1 1 1	<del>-      </del>		, , , , ,
							<del></del>			<u> </u>
				CITY			STATE		ZIP C	ODE
	Relationship:	Connected	Organization	Affiliated Com	mittee	Joint Fundrais	ing Represe	ntative	Leadersh	ip PAC Sponso
7.	Custodian of Rebooks and record		tify by name, add	dress (phone n	umber op	tional) and po	sition of the	person i	n possessio	n of committee
	Full Name	Shane	Trimmer	, <u>                                       </u>	1 1		1	1.11	1. 11	<u>   </u>
	Mailing Address		8715,1st	Ave.			1.1.1.1		<u> </u>	
			Apt. 1429	9 <b>C</b>					<u> </u>	
			Silver Sp	ring		لبب	MD	20	0910	<u> - </u>
	Title or Position			CITY			STATE		ZIP C	ODE
	Executive	Directo	r <u> </u>		j	Telephone n	umber [	530	_ [798	J-[ <del>0411</del>
8.	Treasurer: List the any designated a				onal) of the	treasurer of	the committe	ee; and th	ne name an	d address of
	Full Name of Treasurer	Shane	Trimme	<b>r</b> 		<del>- 1 - 1 - 1 - 1 - 1</del>	<del></del>	1.1.1		<u> </u>
	Mailing Address		8715 1st	Ave.						
			Apt. 1429	)C	_		1 1 1 1			
			Silver Sp	ring , ,			MD	120	910	-
	This experies		<del></del>	CITY		<u></u> J	STATE	<u></u> _	ZIP C	ODE
	Title or Position	irector ,	1111		l	Telephone n	umber	530, լ	_ 798	- 0411 ,

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Full Name of Designated Agent Shan	ie Trimmer	<u></u>				
Mailing Address	8715 1st Ave.					
	Apt, 1429C					
	Silver Spring CITY	MD STATE	20910 - LIP CODE			
Title or Position  Executive Director	r <sub></sub> Telep	phone number [53]	0,			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
Capit	tal <sub>i</sub> One Bank	<u> </u>				
Mailing Address	8676 Georgia Avenue	<u> </u>				
	Silver Spring	<u>MP</u>	20910			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository	, etc.	, The Late of the				
Payl	Pal	<u> </u>				
Mailing Address	Online	<u> </u>	<u> </u>			
	Online	ليا لي	·			
	CITY	STATE	ZIP CODE			

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(3/2005)